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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		For Oth	ier inan An	Autnorize	ea Commi	ttee		Office L	Jse Only	
1.	NAME OF COMMITTEE (in full)		C MAILING LAN		xample:If typi ver the lines	ng, type		• • • •		
L	HCR Manor Care PAC	1 1 1								
		1 1 1								
AD	DRESS (number and street)	333 N	orth Summit Str	reet	1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1	. .
_	,	16th F	loor							
L	Check if different than previously reported. (ACC)	Toledo) 				ОН		43604	2617
2.	FEC IDENTIFICATION NUM	BER '	-	CITY 🛦			STATE	4	ZIPCOD	E 🛕
	C00260141			3. IS THIS REPORT	Т	NEW (N) OI	R	AMENDED (A))	
4.	TYPE OF REPORT (Choose One) (a) Quarterly Reports:	`´ F	Monthly Report Due On:	Feb 20 (M2 Mar 20 (M3 Apr 20 (M4	3)	May 20 (M Jun 20 (M Jul 20 (M7	6)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
	April 15 Quarterly Report(Q July 15 Quarterly Report(Q) October 15 Quarterly Report(Q)	2) (0	c) 12-Day PRE-Election Report for t	on _	Primary (1)	2P)	X Ge	neral (12G)	Ī	Runoff (12R)
	January 31 Quarterly Report(YE			Election on	11	07	2006	·	in the State of	ОН
	July 31 Mid-Year Report(Non-electior Year Only) (MY) Termination Report (TER)		Post -Elect Report for t		General (3	0G)	Ru	noff (30R)	in the State of	Special (30S)
5.	Covering Period 1 0	0	1 200	6	through	1 10) 18	2006	3	
	ertify that I have examined this For or Print Name of Treasurer		d to the best of r k A Jannazo	ny knowledge	and belief it	is true, corre	ect and com	plete.		
Sig	nature of Treasurer Electron	nically File	d by Frank A	Jannazo			Date	10 1	9	2006
NO	TE : Submission of false, error	neous, or i	ncomplete infor	mation may s	ubject the pe	rson signing	this Report	to the penaltie	s of 2 U.S	S.C 437g.
	Office Use							ı	C FORI	

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **HCR Manor Care PAC** D D ^b D 1.0 0 1 2006 1.0 18 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2006 122561.74 January 1 (b) Cash on Hand at 60494.23 Begining of Reporting Period 554.52 118065.58 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 61048.75 240627.32 6(a) and 6(c) for Column B) 10356.37 189934.94 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 50692.38 50692.38 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name HCR Manor Care PAC

Report Covering the Period:

1 0

From:

01

2006

o. 10

^D 18

^Y 2006

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	214.66	61375.86
(ii) Unitemized	339.86	51059.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	554.52	112434.99
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	554.52	112434.99
Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	5000.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	630.59
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	554.52	118065.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	554.52	118065.58

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	10000.00	10553.57
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	10000.00	10553.57
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	
	Federal Candidates/Committeesand Other Political Committees	0.00	124075.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	356.37	55306.37
٥	Federal Election Activity (2 U.S.C 431(20))		
٠.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.0
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10356.37	189934.94
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	10056 07	100004.0
	from Line 31)	10356.37	189934.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) Line 11(d), page 3)	554.52	112434.99
 l Contribution Refunds n Line 28(d))	0.00	0.00
Contributions (other than loans) tract Line 34 from Line 33)	554.52	112434.99
l Federal Operating Expenditures Line 21(a)(i) and Line 21(b))	10000.00	10553.57
ets to Operating Expenditures n Line 15, page 3)	0.00	0.00
Operating Expenditures tract Line 37 from Line 36)	10000.00	10553.57

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 12
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Statemen	nts may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name a	and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	HCR Manor Care PAC			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Pamella S Britt			Date of Receipt
	Mailing Address 27135 State Rt 49			10 02 2006
	City Sta	ate	Zip Code	Transaction ID: SA11A1.26150
	Potomac IL		61865	Amount of Each Receipt this Period
	FEC ID number of contributing			50.00
	federal political committee.			
	Name of Employer HCR ManorCare Inc.	upation	1	Payroll deduction
	Adr	ninist	rator	
		gregate	Year-to-Date ▼	
	Primary General		830.00	
	Other (specify) ▼			
_	Full Name (Last, First, Middle Initial)			5. (5
В.				Date of Receipt
	Mailing Address 3903 BARBARA ANN DRIVE	:		10 02 2006
	City Sta	ate	Zip Code	Transaction ID: SA11A1.26156
	MONROEVILLE PA	A	15146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee	· ·		9.62
	federal political committee.			
	Name of Employer HCR ManorCare Inc.	upation	1	Payroll deduction
	HCR ManorCare Inc.	gional	Dir of Ops	
		gregate	Year-to-Date ▼	
	Primary General		365.82	
	Other (specify) ▼	0 0		
_	Full Name (Last, First, Middle Initial)			Patrick Provide
C.	Timothy C Dietzen Mailing Address 3615 Sunnyview Rd			Date of Receipt
	Mailing Address 3615 Sunnyview Rd			10 02 2006
	•	ate	Zip Code	Transaction ID: SA11A1.26157
	Appleton W	<u> </u>	54914	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee			25.00
	federal political committee.			D. Williams
	HCR ManorCare Inc	upation		Payroll deduction
	Adr	ninist		
	Receipt For: Agg	gregate	Year-to-Date ▼	
	Other (specify) ▼		415.00	
_		1 1		
				84.62
S	UBTOTAL of Receipts This Page (optional)		·····	07.02
т	OTAL This Period (last page this line number only))	
	, , g			

S	CHEDULE A (FEC Form 3X)	FOR LINE NUMBER:	PAGE 7/12						
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	1 🗖				
			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17				
Δη	y information copied from such Reports and St	atemente may	y not be sold or used by any perso						
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.				
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	HCR Manor Care PAC								
\angle									
Α.	Full Name (Last, First, Middle Initial) Sandra K Hayes			Date of Receipt					
Α.	Mailing Address 15719 N. Chronicle Lar	ne		M M / D D	/ Y 'Y 'Y 'Y				
				10 02	2006				
	City	State	Zip Code	Transaction ID: SA					
	Mead	WA	99021	Amount of Each Re	ceipt this Period				
	FEC ID number of contributing	С			11.54				
	federal political committee.								
	Name of Employer HCR ManorCare Inc.	Occupation	า	Payroll deduction					
		Administ							
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify)	' '	203.94						
	Office (Specify)		0 0 0 0 0 0 0	l l					
	Full Name (Last, First, Middle Initial)								
В.	Ms Elizabeth Loyet			Date of Receipt					
	Mailing Address 20115 183rd Place Nor	theast		10 02 YYYY 10 02 2006					
	City	State	Zip Code						
	Woodinville	WA	98072	Transaction ID: SA Amount of Each Re					
	FEC ID number of contributing		30072	Amount of Lacif Re	 				
	federal political committee.	C			10.00				
	Name of English	10		Payroll deduction					
	Name of Employer HCR Manor Care Inc.	Occupation Administr							
	Receipt For:		Year-to-Date ▼	_					
	Primary General	33 -3		1					
	Other (specify) ▼		380.00						
C.	Full Name (Last, First, Middle Initial) Nancy F Mason			Date of Receipt					
Ο.	Mailing Address 56 Holden Dr			M M / D D	/ Y Y Y Y Y				
				10 02	2006				
	City	State	Zip Code	Transaction ID: SA	\11A1.26171				
	Martinsburg	WV	25401	Amount of Each Re	ceipt this Period				
	FEC ID number of contributing	С			15.00				
	federal political committee.								
	Name of Employer	Occupation	า	Payroll deduction					
	HCR ManorCare Inc.	Administ							
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify)	' '	205.00						
	Office (Specify)								
Г									
s	UBTOTAL of Receipts This Page (optional)				36.54				
			•	-					
T	OTAL This Period (last page this line number of	only)	>						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 12						
	EMIZED RECEIPTS		or each category of the	(check only one)						
••	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12						
۸۰	y information copied from such Reports and Sta	etomonto mov	r not be cold or used by any nore	13 14 15 16 17						
or	for commercial purposes, other than using the r	name and ado	lress of any political committee to	or for the purpose of soliciting contributions of solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
	HCR Manor Care PAC									
Α.	Full Name (Last, First, Middle Initial) Deborah A McMonagle			Date of Receipt						
	Mailing Address 1632 Patricia Ave			10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: SA11A1.26173						
	Willow Grove	PA	19090	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer HCR ManorCare Inc.	Occupation	<u> </u>	Payroll deduction						
	HCR ManorCare Inc.	General I	Manager							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		320.00	7						
	Other (specify)	0 0	0 0 0 0 0 0 0	_						
В.	Full Name (Last, First, Middle Initial) Douglas M Parson			Date of Receipt						
	Mailing Address 812 Countay Club Drive)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: SA11A1.26176						
	Butler	MO	64730	Amount of Each Receipt this Period						
	FEC ID number of contributing	С		20.00						
	federal political committee.									
	Name of Employer	Occupation	1	Payroll deduction						
	HCR ManorCare Inc.	Administr								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_						
	Primary General Other (specify)		400.00							
		0 0	0 0 0 0 0 0 0	1						
C.	Full Name (Last, First, Middle Initial) Mr. Mark Schroepfer			Date of Receipt						
	Mailing Address 2328 Bonnie Brae			10 02 2006						
	City	State	Zip Code	Transaction ID: SA11A1.26180						
	Santa Ana	CA	92706	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		15.00						
	Name of Employer HCR.ManorCare, Inc.	Occupation Administr		Payroll deduction						
	Receipt For:	-	Year-to-Date ▼	1						
	Primary General		005.00	7						
	Other (specify) 🔻		225.00							
				55.00						
Ls	UBTOTAL of Receipts This Page (optional)			00:00						
1				_						

A. Marionlee J Specter

New Tripoli

Receipt For:

City

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full) HCR Manor Care PAC

Full Name (Last, First, Middle Initial)

Mailing Address 5286 Sell Road

General

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer HCR ManorCare Inc.

Primary

State

PA

C

FOR LINE NUMBER: PAGE 9/12 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Date of Receipt 10 02 2006 Zip Code Transaction ID: SA11A1.26181 18066 Amount of Each Receipt this Period 38.50 Payroll deduction Occupation **Executive Director** Aggregate Year-to-Date ▼

458.50

SUBTOTAL of Receipts This Page (optional)	_	38.50
TOTAL This Period (last page this line number only)	<u> </u>	214.66

SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s) (check of		NUMBER: PAGE 10 / 12
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) HCR Manor Care PAC			
Full Name (Last, First, Middle Initial) A. Deal for Congress Mailing Address PO BOX 902			Transaction ID: SB21B.26140 Date of Disbursement
City GAINESVILLE	State Zip Code GA 30503		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	GA 30303		4000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: GA District: 09	rsement For: 2006 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS			Transaction ID: SB21B.26134 Date of Disbursement
Mailing Address PO BOX 3176			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & O \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & G \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ O & Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y \\ Y \end{bmatrix} & \begin{bmatrix} Y \\ Y \end{bmatrix} & \begin{bmatrix} Y & Y \\ Y \end{bmatrix} & \begin{bmatrix} Y \\ Y$
City LONG BRANCH	State Zip Code NJ 07740		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	[1000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: NJ District: 06	rsement For: 2006 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) C. RYAN FOR CONGRESS			Transaction ID: SB21B.26138 Date of Disbursement
Mailing Address P. O. Box 1919 P. O. Box 1919			$\begin{bmatrix} \begin{smallmatrix} M & O & M \\ 1 & O & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix} $
City Janesville	State Zip Code WI 53547		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution			5000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: WI District: 01	rsement For: 2006 Primary X General Other (specify)		
SUBTOTAL of Disbursements This Page (optional	1)		10000.00
TOTAL This Period (last page this line number or			10000.00

SCHEDULE B (FEC Form 3X)

SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check onl	NUMBER:		PAGE 11/	12
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a		4 25 8c X 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) HCR Manor Care PAC	le and address of any political co	minitee to sc	MCIL CONTINU	tions from Su	en committee	
Full Name (Last, First, Middle Initial) Goodwin for Representative Mailing Address 18 Miller Road				tion ID: SB29	9.26136 [°] 2 0 0	6 ^Y
City Archbold	State Zip Code OH 43502		Amount	of Each Disbu	rsement this	Period
Purpose of Disbursement Contribution Candidate Name		Category/	L		250	.00
Office Sought: House Disburs	ement For: Primary General Other (specify)	Туре				
Full Name (Last, First, Middle Initial) International Automated Transaction Serv	ices		Date of D	tion ID: SB2		
Mailing Address 1304 Hornby Street			10	03	y žoŏ	6 ^Y
City Vancouver	State Zip Code ZZ		Amount	of Each Disbu		Period 28
Purpose of Disbursement Credit Card fees Candidate Name		Category/ Type			0.	.20
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify) ▼	· · ·				
Full Name (Last, First, Middle Initial) The Huntington National Bank			Date of D	tion ID: SB2 Disbursement		
Mailing Address P.O. Box 5065			10	16	žoŏ	6 ^Y
City Cleveland	State Zip Code OH 44101-0065		Amount	of Each Disbu		
Purpose of Disbursement Other Service Fees - 10/06 Candidate Name		Cotogon/			44	.99
	ement For:	Category/ Type				
Senate President State: District:	Primary General Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional)		<u> </u>			301.	27
TOTAL This Period (last page this line number only)					

Image# 26950620779

S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		—	E NUMBER: PAGE 12/1						12	2			
IT	EMIZED DISBURSEMENT		(cl	neck on 21b	lly c	one) 22 [7 23		24	П	25	Г	26		
		2 station commany i ago		27		28a	28b		28c	Х	29		30b		
	y Information copied from such Reports an for commercial purposes, other than using											IS			
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
	HCR Manor Care PAC														
	Full Name (Last, First, Middle Initial)					Transac	tion ID	: SE	329.2	614	1				
۹.	The Huntington National Bank					Date of I	Disburs	eme	ent						
	Mailing Address P.O. Box 5065					1 0 M	/ D	16	/ Y	ž	0 Ŏ (3 Y			
	City	State Zip Code				Amount	of Each	n Dis	burse	ment	this	Perio	od		
	Cleveland	OH 44101-0065					-			_		4.0			
	Purpose of Disbursement Check Printing Fees							•			55.	10			
	Candidate Name	C	ateg Typ	•											
	Office Sought: House	Disbursement For:													
	Senate	Primary General													
	President	Other (specify)													
	State: District:														

SUBTOTAL of Disbursements This Page (optional)	•	55.10
TOTAL This Period (last page this line number only)	•	356.37